

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

May For Congress

Full Name (Last, First, Middle Initial)

Matilal Raichand

Mailing Address 2701 W. 35th Street

City

Oakbrook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

501.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		01		2016

Transaction ID : SA11AI.6848

Amount of Each Receipt this Period

501.00

Full Name (Last, First, Middle Initial)

Felix Sabates

Mailing Address 400 West 49th Terrace

City

Kansas City

State

MO

Zip Code

64112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sabates Eye CentersOccupation
Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

Transaction ID : SA11AI.6759

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dennis Shepard

Mailing Address 401 S Palisade Drive

City

Santa Maria

State

CA

Zip Code

93454

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Eye Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2016

Transaction ID : SA11AI.6777

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2001.00